MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S) 10/523606

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT			AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/	/					52						
3	/						53						
4			/	/			54						
5			/	/			55						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	⬇		⬇		⬇	**TOTAL IND.**		⬇		⬇		⬇
TOTAL DEP.		⬅		⬅		⬅	**TOTAL DEP.**		⬅		⬅		⬅
TOTAL CLAIMS	5						**TOTAL CLAIMS**						

PTO - 1360 (REV. 11/04)